Ride Designs®
a branch of Aspen Seating, LLC
SUNRISE MEDICAL

toll-free 866.781.1633
phone 303.781.1633
fax 303.781.1722
www.ridedesigns.com

Ride® Custom 2 Cushion and Custom Back Order Form

Download this form and open in Adobe for optimum functionality

Client's First and Last Name _____

Please be sure client's name is consistent on all correspondence: order forms, purchase order, etc.

☐ Ride Custom 2 Cushion (RCC200)
Shape provided via:
☐ RideWorks® Scan
☐ Other_____

☐ Ride Custom Back (RCB200)
Shape provided via:
☐ RideWorks® Scan
☐ Client measurements and finished product dimensions
Note: Only available with AccuSoft foam liner. Completion of page 13 is required.

Account # _____
PO # _____
Date _____ SO# _____
SN# _____

Date of shape capture:_____

*Internal management of personal information is HIPAA compliant.

General Information

Supplier _____
Ride Certified Practitioner Name _____
Address _____
City _____ State _____ Zip _____
Phone # _____ Email _____

Ship to (if different from above)

NOTE: Ride Custom Systems must be fitted by a Ride Certified Provider. Therefore we will not drop ship to end users.

Address _____
City _____ State _____ Zip _____
Phone # _____ Email _____

Referral Source
Facility Name _____
Clinician Name _____
Phone # _____ Email _____

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Ride® Custom 2 Cushion and Custom Back Order Form

Client First and Last Name _____

Client Information

WARNING: Caution should be exercised when capturing shapes in Ride Simulators for people with osteoporosis, bone cancer, history of pathological fracture, osteogenesis imperfecta, or any brittle bone condition.

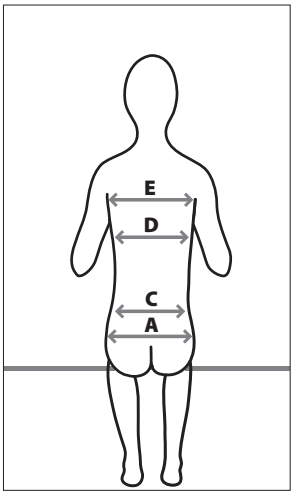
Sex: ☐ M ☐ F Diagnosis _____

Does client have:

☐ Current tissue injury? Location _____ Stage _____

☐ History of tissue injury? Location _____ Stage _____

Height _____ Weight _____



Client Measurements

A. Trochanters _____"

B. Leg length L_____" R _____"

C. Iliac Crest _____"

D. Mid-Thorax _____"

E. Axilla _____"

F. A-P Mid-Thorax _____"

G. Top of Iliac Crest L_____" R_____"

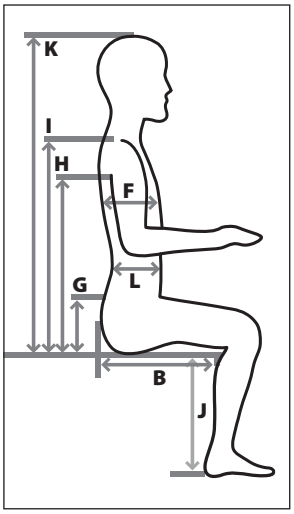
H. Axilla height L_____" R_____"

I. Top of shoulder L_____" R_____"

J. Knee to heel _____"

K. Top of head _____"

L. A-P abdomen _____"



Mobility Base Specifications

Wheelchair Make _____ Model _____

Frame Width _____" Depth _____"

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Ride® Custom 2 Cushion and Custom Back Order Form

Client First and Last Name _____

Prices effective January 13, 2025.

	Item	Part Number	Mfr. Sugg. Retail Price*
☐	Ride Custom 2 Cushion Includes 2 CAM® Wedges Medicare HCPCS Code E2609	RCC200	$1960.00
☐	Ride Custom 2 Cushion with commode opening and solid seat pan without cover	RCC200-C	$1960.00

Shape Capture Process (please check one)

☐ Bead Bag

Indicate Shape Capture Base size used:

☐ Small (Blue) ☐ Medium (White)
☐ Large (Red) ☐ None

☐ Shape Capture Base is Wedged Up _____"

☐ Front ☐ Rear
☐ Left Side ☐ Right Side

☐	Build wedge into cushion per simulation	RCC2-WS	$ 183.00
☐	Do not build wedge into cushion		

☐ Scan of existing cushion (insert existing cushion measurements below)

Length L _____" R _____" Rear width _____" Front width _____"

Height at the following corners: Front L _____" Front R _____" Rear L _____" Rear R _____"

(Heights are not guaranteed if the cushion being scanned is a discontinued product.)

Is the existing cushion used on a sling seat? ☐ Yes ☐ No

(If yes, please note the new cushion will be made with a flat bottom. If the cushion being duplicated has a rounded bottom from use in the sling, this may result in height differences between the existing cushion and new cushion. Add the Bevel Cut option if the new cushion will be used on a sling seat.)

Resting Posture of Pelvis in Ride Shape Capture

☐ Neutral ☐ Posterior ☐ Anterior

1. Photos and Scan

Using RideWorks? Use RideWorks app to:

☐ Photograph front and both sides of client during shape capture.
☐ Photograph captured shape.
☐ Scan captured shape.
☐ Take any and all additional photos that may help.

Not using RideWorks? Include:

☐ Photograph of front and both sides of client during shape capture.
☐ Photograph of captured shape.

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* All prices are in U.S. dollars.

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Client First and Last Name _____

2. Foam Options

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Standard Foam (max. weight 250 lbs.)	RCC2-SF	Standard
☐ Firm Foam (max. weight 300 lbs.)	RCC2-FF	$ 138.00
☐ Standard Foam with front cushion reinforcement	RCC2-SF-CR	$ 326.00
☐ Firm Foam with front cushion reinforcement	RCC2-FF-CR	$ 490.00

3. Cushion/Wheelchair Interface (Flat bottom for solid seat is standard.)

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Bevel Cut Modification for sling seat	RCC2-BC	$ 156.00
☐ Drop Seat Modification, 1" drop	RCC2-WC003	$ 156.00
☐ Custom Mounting Platform ABS platform with indexing tabs to ensure correct placement of cushion on seat **(not compatible with bevel cut modification or drop seat modification)**	RCC2-CMP	$ 495.00

4. Cushion Width (Actual cushion width will be 1/4" less than specified.)

Note: Cushion must not exceed wheelchair dimensions by more than 1" in any direction.

Item	Part Number	Mfr. Sugg. Retail Price*
Standard ☐ 10" ☐ 11" ☐ 12" ☐ 13" ☐ 14" ☐ 15" (width) ☐ 16" ☐ 17" ☐ 18" ☐ 19" ☐ 20"	RCC2-___	No charge
Extra large width: (The selection of Firm Foam RCC2-FF is strongly recommended) ☐ 21" ☐ 22" ☐ 23" ☐ 24" (width)	RCC2-W___	$ 162.00
☐ Tapered width Back width _____" Front width _____"	RCC2-CWTW	$ 162.00

NOTE: For cushion widths greater than 24," please call for a quote.

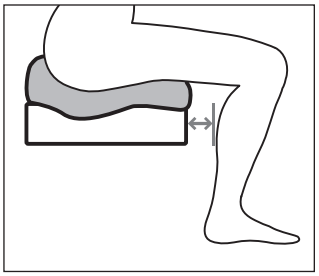
5. Cushion Length (IMPORTANT: Specify cushion length relative to front of Shape Capture Base as shown.)

Measure from front of Shape Capture Base to establish cushion length.

Note: Cushion must not exceed wheelchair dimensions by more than 1" in any direction.

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Equal to Shape Capture Base length	RCC2-CLAC	Standard
Symmetrical Length ☐ Add _____" to Shape Capture Base length ☐ Subtract _____" to Shape Capture Base length	RCC2-CLSL	No charge
Asymmetrical Length		$ 156.00
LEFT ☐ Equal to Shape Capture Base length ☐ Add _____" to Shape Capture Base length ☐ Subtract _____" to Shape Capture Base length	RCC2-CLALL	
RIGHT ☐ Equal to Shape Capture Base length ☐ Add _____" to Shape Capture Base length ☐ Subtract _____" from Shape Capture Base length	RCC2-CLALR	

Missed this step? Indicate desired length of cushion on each side L _____" R _____"



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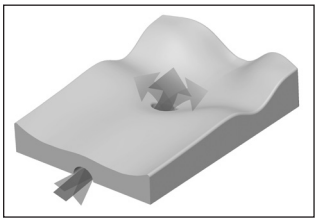
6. Modifications

Item	Part Number	Mfr. Sugg. Retail Price*
☐ 1" undercut	RCC2-UC1	$ 87.00
☐ Front rigging notches _____" W x _____" D x _____" H	RCC2-WCFR	$ 100.00
☐ Ventilation channel	RCC2-VC	$ 184.00

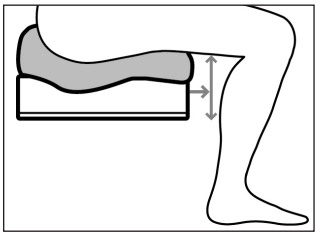


Custom ventilation channel helps manage heat and moisture.

7. Sitting Height

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Targeted final front cushion height (see diagrams at right) Height: L leg _____" R leg _____" NOTE: This final height is not guaranteed. Results are dependent upon the accuracy of the captured shape. Height does not include cover thickness.	RCC2-SHTH	No charge
☐ As captured	RCC2-SHAC	Standard
☐ Increase overall height _____"	RCC2-SHIH	$ 183.00
☐ As low as possible	RCC2-SHDH	$ 183.00

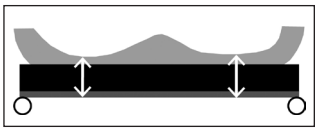
NOTE: Cushion height will be lowered to achieve minimum foam thickness in I.T. well. This may not result in a lower final front cushion height.



For targeted cushion height: at the projected cushion length, measure from the bottom of the shape capture base up to the underside of the leg with the feet properly positioned on the footplate(s).

8. Cushion Contour

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Off-load bony prominences Off-loads bony prominences and enhances loading of areas tolerant of pressure and shear for best skin protection, postural control and microclimate.	RCC2-OBP	Standard
☐ Reticulated foam well insert kit For gentle support to bony prominences and to maintain a high level of microclimate management. ⚠ ONE SIZE: Must be trimmed in field to fit.	RCC2-WI	$ 57.00
☐ Full contact Cushion manufactured as captured (compromises air flow and microclimate management at bony prominences). ⚠ WARNING: Full contact is not recommended for users at high risk of skin breakdown.	RCC2-FC	No charge



Determine targeted front of cushion height (front view).

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9. Thigh/Femoral Support

Item	Part Number	Mfr. Sugg. Retail Price*
Medial Thigh Support If no selection is made, the medial thigh support will be manufactured as captured.		
☐ As captured	RCC2-MTAC	Standard
☐ Eliminate	RCC2-MTE	No charge
☐ Increase _____" (maximum 3" total height from bottom of leg trough)	RCC2-MTI	$ 139.00
☐ Decrease _____"	RCC2-MTD	No charge
☐ Decrease as marked with line on Shape Capture Bag	RCC2-MTM	No charge
Lateral Thigh Support		
LEFT		
☐ As captured	RCC2-LTAC	Standard
☐ Eliminate	RCC2-LTEL	No charge
☐ Increase _____"(maximum 3" total height from bottom of leg trough)	RCC2-LTIL	$ 139.00
☐ Decrease _____"	RCC2-LTDL	No charge
☐ Decrease as marked with line on Shape Capture Bag	RCC2-LTML	No charge
RIGHT		
☐ As captured	RCC2-LTAC	Standard
☐ Eliminate	RCC2-LTER	No charge
☐ Increase _____"(maximum 3" total height from bottom of leg trough)	RCC2-LTIR	$ 139.00
☐ Decrease_____"	RCC2-LTDR	No charge
☐ Decrease as marked with line on Shape Capture Bag	RCC2-LTMR	No charge

10. Covers

Item	Part Number	Mfr. Sugg. Retail Price*
☐ One breathable spacer fabric zip cover included		Standard
☐ Spandex layer over spacer fabric	RCC2-SP	$ 95.00
☐ Two-layer spacer fabric Soft Fit	RCC2-EM2	$ 172.00
☐ Additional breathable spacer fabric zip cover	RCC2-CBZA ___ (width)	$ 249.00
☐ Spandex layer over spacer fabric	RCC2-SP	$ 95.00
☐ Two-layer spacer fabric Soft Fit	RCC2-EM2	$ 172.00
☐ Outer incontinent resistant cover Note: Only recommended for chronically incontinent clients. Does not replace spacer fabric cover.	RCC2-IC	$ 299.00
☐ Inner incontinent resistant cover Note: Only recommended for chronically incontinent clients. Does not replace spacer fabric cover.	RCC2-INICA	$ 299.00

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11. Additional Custom Cushion Accessories/Items

Item	Part Number	Mfr. Sugg. Retail Price*	Qty
1" / 3cm Cushion Orientation Wedge (These wedges are loose. To order a built-in wedge please see page 3)			
☐ For 14" / 36cm cushion widths	RCC2-OW-1414	$ 96.00	
☐ For 15" / 38cm and 16" / 41cm cushion width	RCC2-OW-1616	$ 96.00	
☐ For 17" / 43cm and 18" / 46cm cushion widths	RCC2-OW-1816	$ 96.00	
☐ For 19" / 48cm and 20" / 51cm cushion widths	RCC2-OW-2016	$ 96.00	

Wedge to be used: (select one)
- ☐ Outside cover
- ☐ Inside cover

If inside cover, thick edge of the wedge to be placed:
- ☐ Back of cushion
- ☐ Front of cushion
- ☐ Left side of cushion
- ☐ Right side of cushion

☐ Ride CAM® Wedge Kit**	RCC2-WK	$ 45.00	

12. Growth

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Growth Kit Provides for one growth adjustment, including a new cover, during two year warranty period. Width and/or length, and/or height only. Changes in pelvic alignment and body shape can not be accommodated through growth adjustment. (This option requires shipping cushion to Ride Designs with RA.)	RCC2-DGK	$ 307.00

Total: _____

Special Instructions or Comments

NOTE: May affect price; call to request quote.

_____

_____

_____

_____

_____

_____

_____

_____

* All prices are in U.S. dollars.
** One size fits all. Trim in field for correct fit.

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Ride® Custom Back (RCB200) Order Form

Client First and Last Name _____

Prices effective January 13, 2025.

Shape capture method

▶ **Using RideWorks® app?**

Before scanning, on the clear, outer shape capture bag (using a black permanent marker), draw trim lines and marks to draw the back as it should be manufactured, including:

- ☐ Arrow pointing upward, indicating top of back
- ☐ Soft relief areas to protect bony prominences
- ☐ Depth and height of the lateral trunk supports

Before transferring client from shape capture bag, please complete the following...

PHOTOS of client in shape capture bag: ☐ Front view ☐ Side view

- ☐ Included in RideWorks® client files
- ☐ Emailed to customerservice@ridedesigns.com, with client name and provider information
- ☐ Attached

DID YOU SEND **PHOTOS?**

Trim lines; establish and mark on clear, outer shape capture bag:

☐ Back height ☐ Lateral support depth and height

▶ **Important! If you're ordering a Ride Custom Back without a scan, (this option is only available with AccuSoft Foam Liner) please complete page 13. Do not complete page 13 if a scan is being submitted.**

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Ride® Custom Back Order Form
Client First and Last Name _____

1. Ride Custom Back Type

Item	Part Number	Mfr. Sugg. Retail Price*
☐ **Ride Custom Back** Medicare HCPCS Code E2617 Custom contoured seat back shell; choice of 1) ultra-breathable, 3D mesh liner, or 2) AccuSoft® foam liner; and spacer fabric cover. Note: if AccuSoft foam liner option is selected, Back comes with choice of spacer fabric cover or wipeable, and incontinence-proof cover.	RCB200	$ 2529.00
☐ Ride Custom Back, for Commode Back Includes custom contoured seat back shell lined with 3D mesh liner and a shower-cap style cover.	RCB200-C	$ 2529.00

2. Ride Custom Back Size

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Trunk width ≤20"	RCB2-200R	$ 0.00
☐ Trunk width 21" - 24"	RCB2-200W	$ 402.00

For widths greater than 24", pricing will be individually determined and quoted.

Minimum back height requirements for headrest accessory use

Headrest Type	with Single Hardware	with Double Hardware
None	7"/0.178m	12"/0.330m
Universal Headrest Mounting Plate	11.5"/0.292m	18"/0.457m
Integrated Headrest/ Accessories Mount	9.5"/0.241m	15.5"/0.394m

NOTE: Measure back height from top trimline to bottom trimline.

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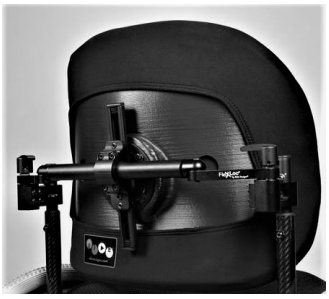
3. Ride Custom Back Hardware and Mounting

Item	Part Number	Mfr. Sugg. Retail Price*

Ride FlexLoc® Hardware

NOTE: Sections a, b, and c **MUST** have a selection.


Ride FlexLoc Hardware on RCB200

a. Select Size and Quantity:

NOTE: Order the hardware size that matches the distance between mounting locations, not necessarily the wheelchair width. Mounting FlexLoc to Permobil® or Quantum® requires small FlexLoc mounting hardware with FlexLoc Adapter Plates from from Ride Designs, Direct Backrest Frame from Permobil, or Aftermarket Back Interface from Quantum.

*WARNING! Two (2) sets of FlexLoc hardware are required if the client presents with any of the following:

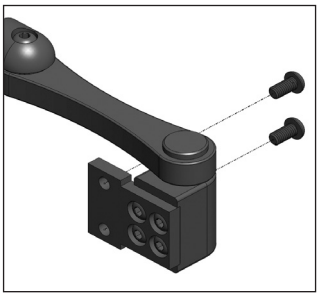
- Weight exceeds 250 pounds
- Overall back height measurement (as measured to trim lines on cast) is greater than or equal to 28"
- Severe extensor tone, spasticity, etc.

☐ Single Set of Hardware

☐ Double Set of Hardware

		MSRP per set
☐ Small, mounting distance 10 - 14"	RCB2-FL-MS	$ 649.00
☐ Medium, mounting distance 15 - 18"	RCB2-FL-MM	$ 649.00
☐ Large, mounting distance 19 - 21"	RCB2-FL-ML	$ 649.00
☐ X-Large, mounting distance 22 - 24"	RCB2-FL-MX	$ 649.00
☐ Omit hardware	RCB2-200R-0	$ 0.00

b. Select Mounting:


Adapter Plate

☐ Clamp Mount for round back canes	RCB2-FL-MCI	Standard
☐ Additional Mounting Clamps (pair) NOTE: If ordering Double FlexLoc mounting hardware, two sets of mounting clamps are included.	RCB2-FL-MC	$ 262.00

☐ Check here if a Sedeo Interface Bracket was ordered from Sunrise Medical with a Quickie power wheelchair.
Order small FlexLoc hardware with quick release attachment, and no clamp mount from Ride.

☐ Quickie Sedeo Pro Interface Bracket Mounts RCB200 to Quickie Sedeo Pro Power Seating System.	RCB2-QSIB	$ 226.00
☐ Quickie Sedeo Pro Advanced Interface Bracket Mounts RCB200 to Quickie Sedeo Pro Advanced Power Seating System	RCB2-QSAIB	$ 226.00

Quick Release Option

- RCB2-QSIB and RCB2-QSAIB are not campatible with tilt-only Sedeo Pro Seating System. Mounting options for Sedeo seating without recline are available through Sunrise Medical Built-4-Me.
- RCB2-QSIB and RCB2-QSAIB are available as a single-mount option. Call for options if double hardware is needed on a Sedeo Pro seating system.
- Order small FlexLoc hardware and Quick Release attachment for use with RCB2-QSIB and RCB2-QSAIB.
- RCB2-QSIB and RCB2-QSAIB replace cane clamps.

☐ FlexLoc Adapter Plate For mounting to wheelchairs without round back canes, e.g. Permobil 3G, Invacare Tilt and Recline, or general surface mounting to existing back pans. This option replaces cane clamps.	RCB2-FL-MCI-P1	No Charge

c. Select Attachment:

☐ Fixed, non-removeable	RCB2-FL-FMI	Standard
☐ Quick Release Option	RCB2-FL-QR	$ 107.00

NOTE: The Ride FlexLoc Mount can be interfaced with most any wheelchair configuration. Contact Ride Designs for a solution to your mounting challenge.

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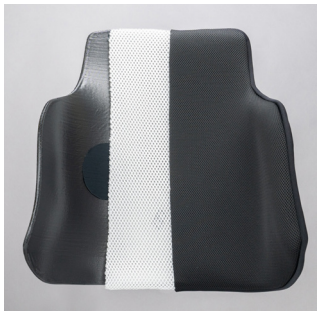
4. Foam Options

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Ultra-breathable 3D mesh liner (Available with scanned shape only.)	RCB2-SML	$ 0.00
☐ AccuSoft foam liner (increases each lateral support thickness by ½" and may result in compromise of postural correction)	RCB2-FS	$ 188.00
For AccuSoft option, select one cover:		
☐ Spacer fabric cover	RCB2-SFC	$ 0.00
☐ Wipeable, incontinence-proof cover (Available for AccuSoft foam liner option only.)	RCB2-IC	$ 0.00


Ultra-breathable foam liner

AccuSoft foam liner

5. Supplementary Padding, Reliefs, Dimensions

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Soft Fit (for use with ultra-breathable 3D mesh liner only) Half-inch thick, breathable, reticulated foam liner for a softer feel. ☐ Complete back (including laterals) Increases each lateral support thickness by ½" and may result in compromise of postural correction. ☐ Center only (excludes laterals)	RCB2-SF	$ 443.00
☐ Enhanced relief Typically used for improved protection and comfort at specific skeletal prominences such as rib humps and spinous processes. — Draw desired location(s) and shape of relief on clear, outer shape capture bag, or on cast if not using RideWorks.	RCB2-ERFP	$ 389.00
Axillary support pad Typically used for distribution of corrective forces near the axilla on concave side of scoliosis.		
☐ Left	RCB2-ASP-L	$ 228.00
☐ Right	RCB2-ASP-R	$ 228.00
Extended depth lateral thoracic support		
☐ Extend LEFT lateral thoracic support _____" forward of reference line.	RCB2-EDLTS-L	$ 378.00
☐ Extend RIGHT lateral thoracic support _____" forward of reference line. — Mark reference line(s) on clear, outer shape capture bag, or on cast if not using RideWorks.	RCB2-EDLTS-R	$ 378.00
Extended height lateral thoracic support		
☐ Increase LEFT lateral thoracic support _____" above reference line.	RCB2-EHLTS-L	$ 249.00
☐ Increase RIGHT lateral thoracic support _____" above reference line.	RCB2-EHLTS-R	$ 249.00
Extended back height ☐ Extend back height _____" above reference line. — Mark reference line(s) on clear, outer shape capture bag, or on cast if not using RideWorks.	RCB2-EBH	$ 378.00
☐ Reinforced lateral thoracic supports Note: No longer automatically required for lateral supports more than 6" deep. It is not possible to modify the width of lateral supports on the RCB200 by bending or flaring the lateral reinforcement. Width adjustments must be made by heating the back shell.	RCB2-RLTS	$ 495.00
☐ Vertical back reinforcement	RCB2-RBS	$ 365.00

PHOTOS??
JUST CHECKING.

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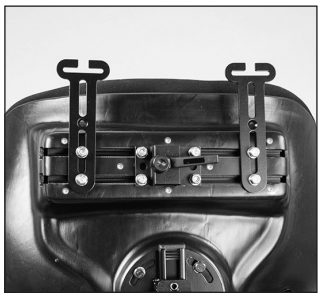
5. Accessories

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Universal headrest mounting plate, installed Note: Will be installed midline, top of back, unless otherwise marked on clear, outer shape capture bag.	RCB2-UHMP	$ 210.00
☐ Integrated headrest/accessories mount Note: May be mounted to FlexLoc vertical track if back height is not sufficient for an integrated mount.	RCB2-AM	$ 312.00
☐ Headrest Mount Extension Allows for clearance between the headrest post and the FlexLoc hardware	RCB2-HME	$ 76.00
☐ Shoulder harness guides, pair, loose	RCB2-SHG	$ 127.00
☐ Shoulder harness guides, pair, installed Note: Mark location on clear, outer shape capture bag, or on cast if not using RideWorks.	RCB2-SHGI	$ 216.00
Privacy flap Covers gap between cushion and back support.		
Size		
☐ Small — fits wheelchair widths less than 14"	RCB2-PFS	$ 171.00
☐ Medium — fits wheelchair widths 15 - 17"	RCB2-PFM	$ 171.00
☐ Large — fits wheelchair widths 18" and larger	RCB2-PFL	$ 171.00
Abdominal support panel Recommended for clients with anterior pelvic tendency.		
Size		
☐ Small — height 4" (two straps)	RCB2-AP-4	$ 449.00
☐ Medium — height 6" (three straps)	RCB2-AP-6	$ 449.00
☐ Large — height 8" (three straps)	RCB2-AP-8	$ 449.00

Universal Headrest Mounting Plate.



Integrated Headrest/Accessories Mount with Shoulder Harness Guides and headrest mount installed.

Privacy flap covers the space between the cushion and back support.

6. Covers

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Additional breathable cover	RCB2-SFCA	$ 422.00
☐ Additional wipeable, incontinence-proof cover	RCB2-ICA	$ 422.00

7. Growth

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Growth Kit Provides for one growth adjustment, including a new cover, during two year warranty period. Width and/or height only. Changes in spinal alignment and body shape can not be accommodated through growth adjustment.	RCB2-DGK	$ 563.00

Abdominal Support Panel.

Continue on page 13

* All prices are in U.S. dollars.

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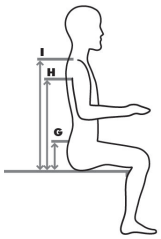
Ride® Custom Back Order Form
Client First and Last Name _____

Please do not complete this page if a scan is being submitted. Skip to page 14 if ordering with a scan. Complete this page only if ordering with no scan

⚠ **Important:** Clients who present with significant postural asymmetries and require substantial support to maintain optimal posture will experience the best outcome with a Ride Custom Back made from a captured shape that is scanned and submitted to Ride.

Step 1 - Client Measurements



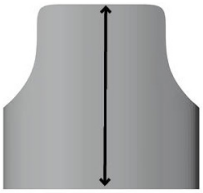
Enter the following client measurements, either on page 2 or here:

G. Top of Iliac Crest L_____" R_____"

H. Axilla Height L_____" R_____"

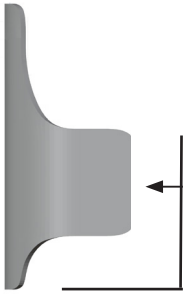
I. Top of Shoulder L_____" R_____"

Step 2 - Desired finished back height _____"



Step 3 - Desired finished lateral height from bottom of back to top of lateral.

- For full-height lateral pads, this number should equal "tall" lateral pad measurement in step 4.
- To omit Ride laterals and order Jay Swingaway Laterals, please compete the fields in step 3 with "N/A" and check the appropriate boxes in step 4.



3a. Client's left side top of lateral _____"

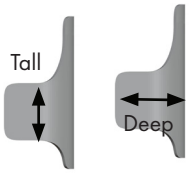
3b. Client's right side top of lateral _____"

Step 4 - Desired finished lateral pad dimensions Minimum lateral height, 3". Maximum lateral depth, 7". If lateral depth greater than 7" is needed, please capture a shape, scan the shape and submit the scan via the RideWorks app.

4a. Client left lateral pad _____" tall x _____" deep

☐ OMIT Ride left lateral support and install Jay Swingaway Lateral, Left with 6x6 pad - Not available for backs less than 14" wide.

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Jay Swingaway Lateral Support - 6x6 pad - left	RCB2-JSALL66	$485.00

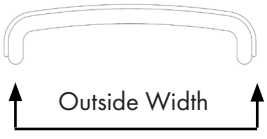


4b. Client right lateral pad _____" tall x _____" deep

☐ OMIT Ride right lateral support and install Jay Swingaway Lateral, Right with 6 x 6 pad - Not available for backs less than 14" wide.

Item	Part Number	Mfr. Sugg. Retail Price*
☐ Jay Swingaway Lateral Support - 6 x 6 pad - right	RCB2-JSALR66	$485.00

Step 5 - Desired finished outside back width _____" (Foam liner will result in inside width being approximately 2" narrower than outside width).



Continue on page 14

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* All prices are in U.S. dollars.

Special Instructions or Comments

NOTE: May affect price; call to request quote.

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We offer a generous fit and function guarantee and a two year warranty for all our custom products. Details can be found on our website at www.ridede-signs.com.

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HERE SOMEWHERE.

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toll-free 866.781.1633
phone 303.781.1633
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